## **Pet History**

## For Animals Surrendered to the Shelter

## You must be a resident of Oak Ridge, TN to surrender a pet

Please help us attempt to find your pet a good, permanent home by completing this questionnaire. Thank you!

Person information				
Your name:	_ Date:			
Phone number:				
Email Address:				
Your address: State:	City:			
Your ID #	DOB:			
Pet information				
Pet's Name: Age:	Breed:			
Weight: Sex:	Male Female			
Is your pet spayed/neutered? Yes N	0			
Is your pet microchipped? Yes No				
Is your pet up to date on vaccines? Yes	No Unsure			
****If yes, then please attach a copy of your p this form.	pet's vaccines records when you submit			
Why do you need to surrender your pet?				
Who has been your veterinarian for this pet?				
Vet phone #				
How long have you had this pet?				
Did your pet live with children?	<del></del>			
If so, what ages?	_			

Does your pe	t nega	tively rea	act to any of th	e followir	ng?			
Wome	en	Men						
Children	Dog	gs					Cats	
Chic	kens	Sm	all Animals					
If you circled any of the above, then please explain:								
Grooming: Do	oes you	ır pet en	joy baths and	groomin	g?	Yes	No	
Is your pet house broken/litter box trained? Yes No								
Please make help us find a	•		•	pet's bel	havior	or tempe	erament that would	